

10/582184
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|--|--------------|---|---|--------------------------|-----------------|
| U.S. APPLICATION NO. (if known, see 37 CFR 1.5) | | INTERNATIONAL APPLICATION NO. | | ATTORNEY'S DOCKET NUMBER | |
| 10/582184 | | PCT/EP2004/013430 | | BHC 031069 | |
| 21. The following fees are submitted: | | | | Applicant use | Office use only |
| <input checked="" type="checkbox"/> a) Basic national fee..... \$300.00 | | | | \$ 300.00 | |
| <input checked="" type="checkbox"/> b) Examination fee..... \$200.00 | | | | \$ 200.00 | |
| <input checked="" type="checkbox"/> c) Search fee..... \$500.00 | | | | \$ 500.00 | |
| TOTAL OF ABOVE CALCULATIONS = \$1000.00 | | | | \$ 1,000.00 | |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. | | | | | |
| Total Sheets | Extra sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE | | |
| 84 - 100 = | /50 = | 0 | x \$250.00 | \$ 0 | |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)). | | | | \$ | |
| CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ | |
| Total claims | 12 - 20 = | 0 | x \$50.00 | \$ 0 | |
| Independent claims | 8 - 3 = | 5 | x \$200.00 | \$ 1,000.00 | |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | + \$360.00 | \$ 360.00 | |
| TOTAL OF ABOVE CALCULATIONS = | | | | \$ 2,360.00 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. | | | | \$ | |
| SUBTOTAL = | | | | \$ 2,360.00 | |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)). | | | | \$ | |
| TOTAL NATIONAL FEE = | | | | \$ 2,360.00 | |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property | | | | \$ | |
| TOTAL FEES ENCLOSED = | | | | \$ 2,360.00 | |
| Amount to be refunded: | | | | \$ | |
| Amount to be charged | | | | \$ | |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>13-3372</u> in the amount of \$ <u>2,360.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>13-3372</u> . A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status. | | | | | |
| SEND ALL CORRESPONDENCE TO: Customer No. 35969 | | | | | |
| Jeffrey M. Greenman Bayer Pharmaceuticals Corporation 400 Morgan Lane West Haven, CT 06516 | | | <u>William F. Gray</u> SIGNATURE William F. Gray NAME 031018 REGISTRATION NUMBER | | |

FILE VALUE
 ACCOUNT NUMBER
 DEPOSIT ACCOUNT NO.
 13 3372
 10/4 1000
 10/5 200
 10/6 360
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01 FC:1615 200.00 DA
 02 FC:1617 130.00 DA
 03 FC:1616 360.00 DA